

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034487

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 2679

STATE FILE NUMBER

FILED SEP 4 1963

1. PLACE OF DEATH

a. COUNTY

ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

OAKLAND

Length of stay in 1b

59 YEARS

c. CITY
OR TOWN

OAKLAND

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

800 EAST MONROE

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

800 EAST MONROE

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

CHRISTINE

LOEBIG

4. DATE
OF DEATH

Month

Day

Year

AUGUST

18

1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6/2/1888

9. AGE (last birthday)

75

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RUN

10b. KIND OF BUSINESS OR INDUSTRY

RELIGIOUS

11. BIRTHPLACE (City and state or country)

ST. LOUIS, MISSOURI

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

LAWRENCE LOEBIG

13b. MOTHER'S MAIDEN NAME

ELIZABETH STOEFFELMEYER

14. NAME OF HUSBAND OR WIFE

NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

MOTHER VICTORINE 800 E. MONROE, OAKLAND, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from DID NOT SEE PT. WHEN ALIVE and last saw her alive on 23 Death occurred at 23 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Joseph G. Ernst MD

22b. ADDRESS

325 N. Kirkwood Rd, Kirkwood 19 Aug 63

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

8/20/63

23c. NAME OF CEMETERY OR CREMATORY

ST. PETERS CEMETERY

23d. LOCATION (City, town, or county)

KIRKWOOD 22, MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

PFITZINGER MORT., KIRKWOOD, MISSOURI

25. DATE RECD. BY LOCAL REG.

8-19-63

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

ITEM NO.

BY AFFIDAVIT OF

VS 300

Rev. 4/59

14000

24000

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.